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PTO-5901 (2-97)

Approved for use through 9/30/00. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	17111 USA
First Named Inventor	McClean, Craig E.
COMPLETE IF KNOWN	
Application Number	09 / 219,142
Filing Date	12/22/98
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention named:

Dispenser Package for Fluent Products and Method of Manufacture

The specification of which		(Title of the Invention)
<input type="checkbox"/> is attached hereto		
<input type="checkbox"/> OR		
<input checked="" type="checkbox"/> was filed on (MM/DD/YYYY)		12/22/1998
as United States Application Number or PCT International Application Number		

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim priority of any foreign patent application under 35 U.S.C. 119(e)(1) or 355(b) of any foreign application(s) for patent or inventor's certificates, or 355(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

□ 2013年定期預金の年率は5.5%と、年率5%未満の定期預金は現れなかった。

Additional relevant identification numbers are listed on a supplemental priority data sheet. PTC numbers

Application Number(s)	Filing Date (MM/DD/YYYY)
	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 363(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT application, I hereby declare that I have adequately described the same in the prior application. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input type="text"/> → <input type="checkbox"/> Place Customer Number Bar Code OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below			
Name	Registration Number	Name	Registration Number
Principal Attorney: H. G. Bruss	24,389	Associate Attorney: R. C. Collins	27,430

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto
 Direct all correspondence to: Customer Number OR Correspondence address below

Name	H. G. Bruss			
Address	Owens-Illinois			
Address	One SeaGate			
City	Toledo	State	OH	ZIP 43666
Country	USA	Telephone	(419) 247-8547	Fax (419) 247-8555

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname		
Craig E.		McClean		
Inventor's Signature				Date 3/1/04
Residence: City	Kannapolis	State	NC	Country
Post Office Address	USA			
Post Office Address	Citizenship USA			
City	Kannapolis	State	NC	ZIP 28083
Country USA				

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box:

PTO-SB-02A 3-971

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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE



DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A person has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Robert E.		Harman				
Inventor's Signature					Date	
Residence: City	Perrysburg	State	OH	Country	USA	Citizenship
Post Office Address	25829 Cherbourg Lane					
Post Office Address						
City	Perrysburg	State	OH	ZIP	43551	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature					Date	
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature					Date	
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country

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**DECLARATION FOR UTILITY OR
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PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (a)) required)

Attorney Docket Number	17111 USA
First Named Inventor	McClean, Craig E.
COMPLETE IF KNOWN	
Application Number	09 / 219,142
Filing Date	12/22/98
Group Art Unit	
Examiner Name	

Call a Better Garage Contractor. I Garage Doctor 1-800-222-1111

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Dispenser Package for Fluent Products and Method of Manufacture

the specification of which
 is attached hereto
OR
12/22/1998 was filed on **11/06/2000** as United States Application Number or PCT International

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(6) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 358(a)-(6) or 371(e) of any international application filed with the United States or its national stage equivalent, and any subsequent continuation, by checking the box. Any foreign application for patent or inventor's certificate or any international application, checked, is made subject to the following statement:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

For more information, contact the author at robert@robertmccormick.com or visit www.robertmccormick.com.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments or the amount of time you spent to complete this form should be sent to the Chief Information Officer, Office of the Comptroller, Washington, DC 20220. DO NOT SEND OR COMPLETED FORMS TO THIS ADDRESS: 400FBP-540-073, Attention: Comptroller, 10th Floor, Washington, DC 20220.

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Approved for use through 9/30/00. GMB 0551-0002
PTO/SB/01 112-97

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 35(c) of any PCT international application designating the United States of America, filed (enter any, and, if earlier, the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact business in the Patent and Trademark Office connected therewith: Customer Number → Practice Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Principal Attorney: H. G. Bruss	24,389	Associate Attorney: R. C. Collins	27,430

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number OR Correspondence address below

Name	H. G. Bruss			
Address	Owens—Illinois			
Address	One SeaGate			
City	Toledo	State	OH	ZIP 43666
Country	USA	Telephone	(419) 247-8547	Fax (419) 247-8555

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made under the knowledge that willful false statements and the like are made on the punishment by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

Given Name (first and middle if any)		Family Name or Surname					
Craig E.		McClean					
Inventor's Signature					Date		
Residence: City	Kannapolis	State	NC	Country	USA	Citizenship	USA
Post Office Address	2391 Curecanti Court						
Post Office Address							
City	Kannapolis	State	NC	ZIP	28083	Country	USA

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Robert E.				Harman			
Inventor's Signature				<i>Robert E. Harman</i>			
				Date <u>2/16/99</u>			
Residence: City <u>Perrysburg</u> State <u>OH</u> Country <u>USA</u> Citizenship <u>USA</u>							
Post Office Address <u>25829 Cherbourg Lane</u>							
Post Office Address							
City <u>Perrysburg</u> State <u>OH</u> ZIP <u>43551</u> Country <u>USA</u>							
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature							
				Date			
Residence: City				State Country Citizenship			
Post Office Address							
Post Office Address							
City				State ZIP Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature							
				Date			
Residence: City				State Country Citizenship			
Post Office Address							
Post Office Address							
City				State ZIP Country			

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